



Subcontractor Pre-qualification
(Please fill out completely)

Please fill out the attached and send to: [7011 South 700 West Midvale, Utah 84047, fax to 801-568-5104 or email the form to mcarroll@crecconstruction.com](mailto:mcarroll@crecconstruction.com)

Company Name: _____ Contractor License # _____
(Please attach a photo copy)

Street Address: _____

City _____ State _____ Zip Code: _____ Telephone No. _____

Contact Name _____ Mobile No. _____ Fax No. _____

E-Mail: (Very Important, As this is our bid notification method)

01. Year Company was established: _____

Numbers of years under present Ownership: _____

Number of Employees: _____

02. Bank References:

Name

Street Address P.O. Box

City State Zip Code

Contact Name Telephone No.

03. Surety Company:

Name

Contact Name Telephone No.

Bonding Capacity:

Single Job: _____ Aggregate: _____ Credit: _____

04. Insurance: (Please attach a photo copy of each)

Program Coverage

Limits and Type Coverage

Workman's Compensation _____

Bodily Injury & Property Damage _____

Excess/Umbrella Liability _____

Experience Modifier for Worker's Compensation _____

05. Annual Dollar Volume for the past three (3) years:

\$ _____
2018

\$ _____
2017

\$ _____
2016

06. Largest jobs in the past three (3) years:

Name of Project: _____

General Contractor: _____ (Phone #): _____

Project Mgr. / Superintendent: _____

Name of Project: _____

General Contractor: _____ (Phone #): _____

Project Mgr. / Superintendent: _____

Name of Project: _____

General Contractor: _____ (Phone #): _____

Project Mgr. / Superintendent: _____

07. What percent of the following do you do?

Retail: _____ Ground Up: _____ Other Commercial: _____ Residential: _____

08. Desire project size: Maximum \$ _____ Minimum \$ _____

Geographic Preference: _____

09. Field Labor used: Union Non-Union

10. List type of work or trade performed in CSI Divisions: (i.e.; Concrete 3100, Electrical 16010) (Required)

Division _____ Division _____ Division _____

11. Do you have currently a Quality Management System: (i.e.: Ford Q-1, ISO) Yes No
If you have a certificate, please attach. Attachment: Yes No

12. Do you have a written and operating Safety Program? Yes No

13. References: (3 Required)

NAME CONTACT TELEPHONE
Owners / General Contractors:

Suppliers: (3 Required) CONTACT TELEPHONE

14. Minority Owned Business: Yes No

15. Women Owned Business: Yes No

If yes, attach certifications (list if applicable) _____

Signature: _____ Date _____

Name (printed) _____ Title _____

